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SHROPSHIRE EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

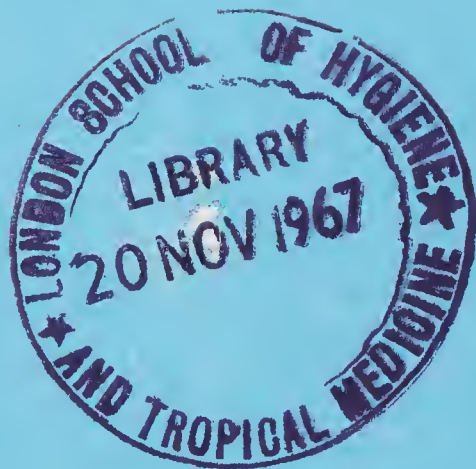
of the

PRINCIPAL SCHOOL MEDICAL OFFICER

1957

COUNTY HEALTH OFFICE • COLLEGE HILL • SHREWSBURY
1958

66450



To the Chairman and Members of the Shropshire Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

The School Health Services for the County of Salop aim at a pattern of work complementary to that done by family and specialist doctors, with whom relationships and understanding seemed generally good throughout 1957.

The Role of the School Medical Officer of twenty years ago was principally concerned with the nutrition, and some treatment, of the children of that period of unemployment. It was to the credit of national and local government that I wrote in an annual report for 1937—"No child, from conception till school leaving age, need suffer from malnutrition if the School Services do their job, and the parents co-operate." A conscientious and persistent School Medical Officer working for a sympathetic Authority saw to it that the children for whom he was responsible grew up well nourished.

Family doctors of those days were in a dilemma, for honest parents who lacked the where-withal to pay them hesitated to bring children to their notice. Much more clinical work in minor ailments was done by the School Medical Services, and this was generally welcomed by the family doctor to avoid mutual embarrassments with impecunious patients. The School Medical Service has always been able to take the initiative in a way that is scarcely feasible to the most sympathetic practitioner.

Much has happened since then, and full employment affords such plenty that some esoteric dietary experts are beginning to suggest that we live too well, inducing coronary disease by diet too rich in sophisticated fats, just as we induce lung cancer by over-indulgence in cigarettes. They advocate plain living, to which one might advocate adding higher thinking and more grace of humility in place of excessive pride in our material assets.

My Colleague the Chief Constable has some serious things to say about the morals of juveniles and their parental upbringing in his Annual Report for 1957, which I do not consider it irrelevant to quote here. Of a thousand detected offenders, 40 per cent. were juveniles; and detected juvenile crime showed an increase of 60 per cent. "The deterioration in the morals of young people under seventeen must be stopped now; this can be fully achieved only with the full co-operation and understanding of the position on the part of parents, many of whom, in the experience of the police, regard their responsibilities as having been taken over by the State."

Our School Doctors, as persons of responsibility and influence in their areas, should be thinking seriously about their duties in encouraging, and participating in the teaching of, the proper priorities for a wholesome life.

Health Education (not excluding education in mental health) is indeed being advocated as an important task for the School Medical Officer; it is desired by parents and generally welcomed by teachers, though one must concede that not all are equally equipped to give it well, and it is not infrequently suspect by doctors outside the Public Health Service.

As the role of Public Health and School Medicine varies with time and circumstances, so may the School Health Service more usefully pay attention towards this field, perhaps less congenial to and less explorable by the family practitioner, though always one would hope with his knowledge and goodwill and in association with him.

Family Doctor Services nowadays are available to every child, and the very real sense of responsibility felt by the practitioners has not only made them alert to care for their patients but occasionally to scent “interference” in the activities of the School Health Service. Such occasions for offence seem few, and if they occur nowadays the fault may be a “blackout” or tactless omission on the part of the school doctor, who is always being urged to take the initiative in knowing and co-operating with his practitioner colleagues in his school area. “Inability to co-operate with others,” as Dr. John Bowlby has said, “is more crippling than Polio,” but present relationships seem generally reassuring and the County Health Department will spare no effort to make them better.

Paramount interest in 1957—58 attached to the subjects traditionally the best province for the exercise of the Public Health medical efforts—epidemiology and the prevention of disease.

By the efforts of Public Health workers in many fields, the numbers of cases (or frequency, or incidence, or *morbidity*) and particularly the death rate (or *mortality*) of most infectious diseases is reduced.

Epidemiology has always been a fascinating study, no less so now as regards prevention or “negative epidemiology” than in the days of the holocausts.

The Black Death in the middle of the fourteenth century killed one third or possibly one half of the inhabitants of the kingdom in less than two years.

Cholera killed over 5,000 people in England in 1849, and swept the land again in 1853 and 1865—only a hundred years ago, and within the recollection of my own father, who was the eleventh child on an Irish farm, and few of whose brothers and sisters survived middle life.

Smallpox ravaged the community for years before the discovery of vaccination, and those who did not die were heavily disfigured. There were 42,000 deaths in Britain in the two years 1870—71.

In 1863, out of every million children born alive, nearly 18,000 died of Scarlet Fever before reaching five years of age.

There have been no deaths from Smallpox in Shropshire children since 1890 and none from Diphtheria in the last 10 years.

Infections in schools may spread rapidly, but the infectious stage of many diseases occurs so early in the course of the disease as to make exclusion from school of comparatively slight value. School closure for infectious disease has long been outmoded save in the most unusual circumstances. It is usually indeed by keeping the school open that infections are best controlled, with the child population collected, documented in school groups, and available for protection by the appropriate antigens where this is possible. As well, some technical considerations affecting the storage and handling of modern vaccines make this preventive aspect of epidemiology a very suitable one for the School Health Service. These opportunities have not been neglected in Salop.

B.C.G. Vaccination was alluded to in my report for 1956, as a routine protection to be offered to all 14-year-old school leavers. Family doctors were consulted and kept informed throughout; the 92 per cent. acceptance rate has been most encouraging, no untoward incidents of any kind were reported in 1957 when 3,152 children had their resistance to tuberculosis increased (as we believe) five-fold by successful vaccination with B.C.G. Although only commenced in January and February, the programme to protect all the leavers in school was in fact and by very strenuous efforts completed by the end of the school year in July, 1957, and was continued on new 14-year olds for the rest of the year.

Polio Vaccination followed, and the successful initial venture into large scale immunisation with B.C.G. was a good introduction to the requirements, more exacting quantitatively if less so technically, of the campaign for Polio vaccination on a large scale. I reported last year the beginning of this on a small scale and with only about 7 per cent. acceptance rate among the parents of those initially eligible. The Ministry of Health in the later months of 1957 offered protection against Polio to all those children from 6 months to 14 years of age whose parents would accept it; acceptances are now of the order of 70 per cent. of those children eligible, and large scale protection of these children proceeds as this annual report for 1957 is being prepared; its impetus has indeed delayed the publication of less urgent material.

Mid-summer 1958 sees the successful completion of the greater part of this most ambitious and comprehensive programme. Difficulties with supply sources threatened delays, but no mid-summer halt need now be called and completion, when it can be accomplished, of this formidable task will safeguard (as we believe) not less than 80 per cent. of those vaccinated, leaving to future years the less onerous burden of maintaining protection in these age groups and probably extending protection to others. Some hundreds of millions of doses in Canada and the United States have probably vaccinated 60 per cent. of all under 20; some such goal may well prove feasible here.

Kept well informed throughout regarding the highly technical reasons for rejecting or foregoing certain large sources of vaccine, I record my acceptance of all the explanations adduced, and acknowledge my conviction that the Government, as advised by the Medical Research Council, have maintained a wise if rather wavering course as between the Scylla of giving too much and the Charybdis of giving too little of this valuable but potent and potentially lethal antigen, which—wisely—is being handled with the greatest respect.

For organising and carrying out these two schemes of B.C.G. and Poliomyelitis vaccination, and for the good relationships established and maintained with parents and children, doctors and teachers, I am glad to acknowledge our great debt to Dr. N. V. Crowley and her admirable team. In accepting almost complete responsibility for this work within the Health Department she sustains in all who are handling the subject not only enthusiasm and good administration, but even remarkable technical and near-clinical knowledge of these preventive techniques, which makes one regard many of our clerical staff who engage in them as experts in their own modest way. They have spared no effort to attain successfully targets of accomplishment which one would scarcely have asked them to aim for.

Routine Medical Inspection, for which I wrote a sincere and considered apologia in my Annual Report for 1955, is, as I said then, a long-term rather than an urgent desideratum. It still has a very real value, not least in discovering those cases of disease or disability or malnutrition or neglect who for one reason or another never reach their family doctor. Equally, however, it can be postponed when other more urgent work is required, as has been the case for some time while this report was in preparation; to seize the opportunity to protect more children before summer risks was felt to be more important than *postponement* by 3 or 6 months of the date when the ordinary periodical routine medical examination of the average normal child became due.

Hearing Defects. A departure of great interest is the excursion into testing of hearing undertaken by Dr. Mackenzie, our School Medical Officer and Medical Officer of Health for the Borough of Shrewsbury, at his Murivance Clinic. This new work, described on pages 23 to 26, has been sponsored by the Education Committee and assisted by the recognised national experts with their important and relatively new techniques. The Otolaryngologists who are across the way at the Eye, Ear and Throat Hospital, have generously supported these efforts to our great encouragement.

Handicapped Children. Dr. Kendall and Miss Calman have since January, 1957, been conducting in Salop and on behalf of a famous Voluntary Trust, an investigation into the needs of and facilities for helping handicapped children, who are indeed a principal *raison d'être* of the School Health Services. The latter supplied them with the names and addresses of all the children they studied and proffered our not inconsiderable dossiers for each of the children concerned. As well as effecting such initial introductions, we tried to prepare consultants and family doctors for the advent of these special visitors, and to seek their acceptance and co-operation which was indeed generously given. Thereafter, the greater part of the investigators' work was done—perhaps wisely and certainly by their own wish—independently of our School Health Service and School Medical Officers until their report was approaching completion when some of the points and cases were discussed with the school doctor concerned with, one hopes, mutual benefit to both and increased benefit to the handicapped children. We can indeed all learn from each other; and the publication of their report will be awaited with interest.

Changes in the School Medical Service Staff are more within our Central Office than among the field working medical officers. The latter were indeed during 1957 a more complete and better team and with far fewer changes than for many years, and did good work.

Within the Health Department at College Hill, during much of 1957 and following the death of Dr. Gregory, Dr. William Hall who, as Deputy County Medical Officer, had been principally responsible for the School Health Services in Salop, accepted responsibility temporarily for the many District Councils which Dr. Gregory had served as Medical Officer of Health to the South-West Salop United Districts.

Dr. William Hall's long and good work for the Districts and for the County Council had received merited recognition before the end of the year, when longer-term mutual arrangements were reached that he should serve several of these District Councils as their Medical Officer of Health. The volume of such latter work to be done has, since 1st January, 1958, resulted in his acting as Deputy County Medical Officer and Deputy Principal School Medical Officer for only something like one-third of his time.

This re-arrangement should, nevertheless, carry with it very substantial benefits to all concerned, most notably in the "mixing" of County Council and County District work and knowledge, and co-ordination of each others' efforts.

It makes available to the County Districts the services, on a part-time and less costly basis, of a widely experienced and responsible Medical Officer of Health, while retaining to the County Council the benefits of his wisdom and long experience of administration and policy. Most important of all is the integrating of the two sides of public health work—personal and environmental—inherent in these mixed appointments.

Dr. Crowley, promoted to the position of Assistant Administrative Medical Officer on a half-time basis, assumes a large and increasing measure of responsibility for the executive work of the School Health Service, though by her own wish she retains for the remainder of her time her field work with school children and babies and the actual immunisation in her own area, as well as organising the B.C.G. and polio immunisation centrally.

When the latter are, as we hope, well in hand by the autumn of 1958, it is intended, again by her own wish, that she should take an increasing interest in the programme of Health Education in schools and elsewhere, so much desired by the Government, the Ministers of Health and Education, and teachers and the public.

Accidents are a principal cause of death and disability, and more people are killed in and about their own homes in any year than are killed on roads.

Home accidents to the Health Department and Fire risks to the Fire Service and Road risks to the Police, are matters of great and increasing concern, and we are trying together to plan a programme of educative work to avert these accidents and risks which may well be made a feature of Health Education in schools commencing with the new School Year in the Autumn of 1958.

This introduction would be incomplete without reference to the co-operation and ready assistance afforded by the staffs, both administrative and teaching, of the Education Department, and the loyal and conscientious service rendered by the nursing and clerical staff of the School Health Service.

The support and encouragement of the Chairman and Members of the Education (Welfare) Sub-Committee are acknowledged with gratitude.

I have the honour to be,

Your obedient Servant,

T. S. HALL,

PRINCIPAL SCHOOL MEDICAL OFFICER.

COUNTY HEALTH OFFICE,
COLLEGE HILL, SHREWSBURY.
August, 1958.

INDEX

	<i>Page</i>		<i>Page</i>
Area	9	Minor ailments	11
B.C.G. vaccination	26	Nutrition	15
Cleanliness inspections	13	Population	9
Child guidance	19	Pupils on registers	9
Dental service	20	Sanitary circumstances of schools	30
Diphtheria immunisation	27	Schools	9
Education Committee	7	School Nurses	13
Education in hospitals	12	School canteens	28
Employment of school children	14	School clinics	11, 31
Eye conditions	10	Speech therapy	16
Handicapped pupils	11	Staff	8, 9
Hearing in handicapped children	23	Statistical tables	32
Hospital and Specialist Services	30	Summer camps	29
Meals	15	Tonsil and adenoid cases	10
Medical examination of prospective teachers	15	Tubercular adenitis	16
Medical inspections	9, 10, 14	Vaccination against Smallpox	28
Mental Deficiency Authority—Children reported to	12	Vocational guidance	14
Milk	15	Welfare Sub-Committee	7

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MEDICAL, DENTAL AND ANCILLARY STAFF

Principal School Medical Officer:

THOMAS S. HALL, M.B.E., T.D.; M.D., B.Ch., B.Sc., D.Obst.R.C.O.G., D.P.H.

Deputy Principal School Medical Officer:

WILLIAM HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.

School Medical Officers:

KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H.

AGNES D. BARKER, M.B., Ch.B.

M. ELIZABETH BUCKLEY, M.B., B.Ch. (resigned 2nd June, 1957)

ELIZABETH CAPPER, M.B., Ch.B., D.P.H.

NORA V. CROWLEY, M.B., B.Ch., B.A.O., D.C.H., L.M.

*ARTHUR C. HOWARD, M.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

FLORA MACDONALD, M.B., B.S., D.P.H.

*ALASTAIR COLIN MACKENZIE, M.D., Ch.B., D.P.H.

*CATHERINE B. McARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

ALICE N. O'BRIEN, M.B., Ch.B.

*MARGARET H. F. TURNBULL, M.B., Ch.B., D.P.H.

Principal Dental Officer:

GERALD R. CATCHPOLE, L.D.S. (retired 30th March, 1957)

CHARLES D. CLARKE, L.D.S. (appointed 1st April, 1957)

School Dental Officers:

ANDREW DUNN, L.D.S. (part-time) (from 9th September, 1957)

NOEL GLEAVE, L.D.S.

JOHN C. H. HANDS, B.D.S. (part-time) (from 27th February, 1957)

JOHN F. HIGSON, L.D.S., B.D.S. (appointed 2nd September, 1957)

ANTHONY HOLLINGS, B.Ch., L.D.S. (part-time)

REGINALD H. N. OSMOND, L.D.S. (part-time)

DAVID ROGERS, L.D.S., B.D.S. (appointed 15th April, 1957)

DANUTA M. ROUSSEAU, B.D.S., D.D.S. (part-time)

GEORGE B. WESTWATER, L.D.S.

JOHN H. WICKERS, B.D.S., L.D.S. (part-time) (from 30th September, 1957)

Consultant Orthodontists (part-time):

BRIAN T. BROADBENT, F.D.S.

MICHAEL F. SCOTT, L.D.S.

Dental Technician:

NORMAN J. RUSHWORTH

Consultant Child Psychiatrists (part-time):

CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.

JEANNIE STIRRAT, M.B., Ch.B., D.P.M. (resigned 31st August, 1957)

JAMES A. CRAWFORD, L.R.C.P. & S., L.R.F.P. & S., D.P.M. (appointed 27th March, 1957)

Educational Psychologists:

JOHN L. GREEN, B.A.

MARGARET THOMPSON, B.A.

Psychiatric Social Worker:

KATHLEEN CARPENTER

Speech Therapists:

EDWARD PAULETT, L.C.S.T.

SHIRLEY ANNE BARNARD, L.C.S.T. (resigned 31st August, 1957)

MARGARET ELIZABETH FRANKLIN, L.C.S.T.

Consultant Chest Physician (part-time):

ARTHUR T. M. MYRES, B.A., B.M., B.Ch., M.R.C.P., M.R.C.S., L.R.C.P.

*Also District Medical Officer of Health

REPORT FOR THE YEAR 1957

GENERAL

The area covered by the Local Education Authority comprises 861,800 acres; and in June, 1957, the civil and military population, as estimated by the Registrar-General, was 297,900—a decrease of 100 compared with 1956.

The number of pupils on the school register in 1957 was 46,731, compared with 46,485 in the previous year—an increase of 246.

At the end of the year, there were in the County of Salop, including the Borough of Shrewsbury, the following schools:

<i>Non-Residential:</i>					<i>Schools</i>	<i>Departments</i>	<i>Pupils on Register</i>
Nursery	..	..	..	..	3	3	121
Primary (County)	..	..	..	..	83	88	15,001
Primary (Voluntary)	..	..	..	..	180	185	15,690
Secondary Modern (County)	..	..	..	..	24	25	9,221
Secondary Grammar (County)	..	..	..	..	13	13	4,441
Secondary Grammar (Voluntary)	..	..	..	..	4	4	1,054
Secondary Technical	..	..	..	..	3	3	857
<i>Residential:</i>							
Secondary	..	..	..	..	1	1	60
Special	..	..	..	..	3	3	188
Hospital	..	..	..	..	1	1	98
TOTAL					315	326	46,731

The staff of the School Health Service during 1957 was as follows:

	1st January	31st December
Principal School Medical Officer	1	1
Deputy Principal School Medical Officer	1	1
School Medical Officers	6	5
School Medical Officers (Part-time)	5	5
Principal School Dental Officer	1	1
Dental Officers	3	4
Dental Officers (Part-time)	3	6
Orthodontists (Part-time)	2	2
Dental Technician	—	1
Dental Attendants (Full-time)	6	7
Dental Attendants (Part-time)	1	3
Speech Therapists	3	2
Whole-time School Nurses	3	3
Part-time School Nurses	1	4
Health Visitors undertaking School Nursing	25	29
District Nurses undertaking School Nursing	34	30

During 1957, there were five full-time and one part-time Assistant County Medical Officers in the employment of the Council, who gave more than half their time to School Health work—30 per cent. to routine medical inspection in schools, 11 per cent. to work with handicapped pupils and the rest to Maternity and Child Welfare and other work.

In addition, four Medical Officers held “mixed appointments” as Assistant County Medical Officer and District Medical Officer of Health, giving about one-third of their time to M.O.H. duties for their Districts and about one-third each to School Health and Maternity and Child Welfare work respectively.

The number of children examined at routine medical inspections was 18,424. Only two schools were not inspected during the year, examinations being postponed at the request of the Head Teachers for local reasons until 1958; 215 schools were inspected once and 97 were inspected twice during 1957.

MEDICAL INSPECTION AND TREATMENT

Routine Medical Inspections.—Under Section 48 of the Education Act, 1944, it is the duty of the Local Education Authority to provide for the medical inspection of all pupils in attendance at maintained schools, including County Colleges; and under this Section parents are required to submit their children for inspection when requested to do so by an authorised officer of the Local Education Authority.

The obligation of the Local Education Authority to provide free medical treatment is almost entirely discharged through the facilities made available under the National Health Service Act, 1946, and children found to be suffering from defects, ascertained in the course of a Routine Medical Inspection or attendance at a School Clinic are, save for certain agreed defects, referred in the first instance to their own doctors. The following up of pupils found to need supervision or treatment is carried out by the School Nurses, and arrangements are made either directly or through their own doctors for those in need of Specialist advice or hospital treatment to be dealt with, according to the nature of the defect, at one or other of the hospitals listed on page 30 of this report, and all of which come under the Birmingham Regional Hospital Board.

Particulars of the School Clinics provided by the Local Education Authority are given on pages 31 and 32.

Treatment of Eye Conditions.—A total of 3,597 children, suffering from defective vision or other affections of the eye, was dealt with during 1957 in one or other of the following ways:

Hospital Eye Service.—In arranging for treatment for children suffering from eye conditions, advantage is taken as far as possible of the Hospital and Specialist Services provided by the Regional Hospital Board; and during the year 1,564 school children received treatment through these services.

Supplementary Ophthalmic Services Scheme: At Ludlow arrangements are made for pupils to be examined by an Ophthalmic Medical Practitioner, and during 1957 some 142 pupils were dealt with by this Consultant.

Many school children are referred by general medical practitioners to Ophthalmic Medical Practitioners or Ophthalmic Opticians for treatment for defective vision, and during 1957 a total of 1,795 school children was so referred.

Tonsil and Adenoid Conditions.—Next to defects of vision, tonsil and adenoid conditions are those most prevalent in school children, and efforts are made to get all cases for whom treatment is recommended examined as soon as possible by an Ear, Nose and Throat Specialist. The Consultant, in deciding whether operative treatment is in fact necessary, also allots whatever degree of priority he considers applicable to a particular case at the time he sees it.

According to statistics supplied by the various Hospital Management Committees, 584 operations were performed during 1957 at hospitals as indicated below:—

<i>Hospital Management Committees</i>	<i>Hospitals</i>	<i>Operations in 1957</i>
Group No. 15—	Copthorne	250
	Eye, Ear and Throat	143
	Oswestry and District	1
	Whitchurch Cottage	25
	Ludlow District	22
		<hr/> 441
Group No. 16—	Bridgnorth and South Shropshire Infirmary ..	72
	Shifnal Cottage	71
		<hr/> 143

These figures include an unascertainable number of cases of children of school age who do not fall within the purview of the School Health Service.

Treatment of Minor Ailments.—Particulars of clinics provided by the Local Education Authority for the treatment of minor ailments are included in the list on pages 31 and 32 of this report.

Since 1948, the nutrition and physical health of the average child have improved, and all now have their family doctor who should be, and generally much prefers to be, consulted about anything significant. Doctors and Nurses of the School Health Service watch and should still watch carefully the trend of useful attendances at the Council's clinics and reduce sessions drastically if they are not needed. The time thus saved should be given by the School Medical Officers to following up handicapped children and those found to need treatment at routine inspection; whole-time school nurses should teach health education in schools with the agreement of the Head Teachers; and Health Visitors should do the same and carry out health visiting in co-operation with Family Practitioners.

Nineteen school clinics existed in January, 1952; the attendances during 1957 at the six remaining are very few for the number of openings, and it would seem that the service hardly justifies itself unless the school doctor or nurse is at the clinic primarily for some other purpose and is merely "available" for a casual school child visitor. This is in fact the more usual situation. The "School Clinic" at Monkmoor is more of the nature of a twice weekly visit or inquiry at this large school of 1,324 pupils by the whole-time School Nurse for the Borough of Shrewsbury.

At this "School Nurse" session and the "School Doctor" sessions held at Bridgnorth, Market Drayton, Oswestry, Murivance and Wellington Welfare Centres, 375 children made 765 attendances. Examinations made by the School Doctor totalled 559, and 59 of the children were referred to their own doctor.

Ascertainment of Handicapped Pupils.—During 1957, the School Medical Officers ascertained 457 pupils under the provisions of the Handicapped Pupils and School Health Service Regulations, 1953, and a summary of their findings and recommendations to the Local Education Authority are given below:—

HANDICAPPED PUPILS

Category	Pupils Specially Ex- amined	Findings of School Medical Officers								Under treatment by Psychiatrist
		Not Handi- capped	Decision deferred	Special Educational Treatment Recommended		Reported to Mental Deficiency Authority		Pupils not requiring Super- vision on leaving school		
				In Ordinary School	In Special School	Home Tuition	In- educable		Super- vision on leaving school	
Blind	5	—	—	—	5	—	—	—	—	—
Partially Sighted	5	—	—	—	5	—	—	—	—	—
Deaf	—	—	—	—	—	—	—	—	—	—
Partially Deaf	2	—	—	—	2	—	—	—	—	—
Delicate	35	—	—	—	22	13	—	—	—	—
Educationally Sub-Normal ..	341	60	11	96	78	—	31	47	18	—
Epileptic	4	—	—	—	4	—	—	—	—	—
Maladjusted	43	—	—	—	16	—	—	—	—	27
Physically Handicapped ..	22	—	—	—	12	10	—	—	—	—
Total ..	457	60	11	96	144	23	31	47	18	27

*Examined by Visiting Psychiatrist.

In addition to examining the pupils referred to above, the Medical Officers also carried out a further 459 examinations of handicapped pupils in connection with unsatisfactory school attendance, the provision of transport to and from school and the review of home tuition cases.

The following table gives details of the numbers of pupils ascertained by the School Medical Officers during the period 1948 to 1957:

		(1) Blind (2) Partially-sight'd (3) Deaf			(4) Partially-deaf (5) Delicate (6) Diabetic			(7) Educationally subnormal (8) Epileptic (9) Maladjusted (10) Physically handicapped				TOTAL
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
(i) Examined:												
1948	..	1	6	3	—	18	1	175	2	6	9	221
1949	..	—	—	1	—	31	—	221	12	6	30	301
1950	..	—	2	6	5	18	1	306	3	—	16	357
1951	..	—	2	7	5	34	1	233	1	106	15	404
1952	..	2	—	4	3	34	1	370	4	138	10	566
1953	..	2	1	1	3	37	—	344	—	136	12	536
1954	..	1	4	3	3	27	—	299	2	115	16	470
1955	..	3	4	2	—	53	—	264	1	14	22	363
1956	..	2	4	4	5	60	—	363	2	41	18	499
1957	..	5	5	—	2	35	—	341	4	43	22	457
TOTAL	..	16	28	31	26	347	4	2,916	31	605	170	4,174
(ii) Recommended for Special School:												
1948	..	1	6	3	—	13	1	54	1	3	3	85
1949	..	—	—	1	—	24	—	68	2	2	6	103
1950	..	—	2	6	5	18	1	106	3	—	7	148
1951	..	—	2	7	5	30	1	87	1	11	10	154
1952	..	2	—	4	3	27	—	85	3	15	4	143
1953	..	2	1	1	3	32	—	99	—	16	7	161
1954	..	1	4	3	3	22	—	70	1	13	7	124
1955	..	3	4	2	—	41	—	61	—	10	7	128
1956	..	2	4	3	5	31	—	110	1	7	9	172
1957	..	5	5	—	2	22	—	78	4	16	12	144
TOTAL	..	16	28	30	26	260	3	818	16	93	72	1,362

Report to Mental Deficiency Authority.—During 1957, a total of 78 children was recommended for report to the Local Health Authority under Section 57 of the Education Act, 1944—thirty-one under sub-section 3 as being ineducable and forty-seven under sub-section 5 as being in need of supervision after leaving school.

The comparable figures for 1956 were 21 under sub-section 3 and 28 under sub-section 5—a total of 49.

Education of Children in Hospitals.—The Robert Jones and Agnes Hunt Orthopaedic Hospital is the only one in this County with which the Education Committee have entered into an arrangement for the provision of special educational facilities. In other hospitals in the County, when a child is admitted whose stay is likely to extend over a prolonged period, special arrangements are made for a child to receive a certain amount of individual tuition if his medical condition permits. At Monkmoor Hospital, Shrewsbury, patients recommended for special tuition in this way attend a class which is held regularly at the hospital by a tutor provided by the Education Committee.

Cleanliness Inspections.—School Nurses carry out routine inspections for verminous infestation of pupils in all Primary and Secondary Modern Schools and three Secondary Grammar Schools, follow-up inspections being made in the case of those pupils found to harbour nits or lice.

Routine cleanliness inspections of all pupils are carried out as early as possible in each term, and an Informal Cleansing Notice issued to the parent of any pupil found to be verminous.

Such pupils are re-examined one week later, and if any are still found to be verminous, Formal Cleansing Notices are served on the parents by the Principal School Medical Officer, requiring them to disinfest and to present the children for re-examination by the School Nurse at the end of three days.

If on the occasion of the third inspection a pupil is still found to be in a verminous condition, the Principal School Medical Officer decides whether or not to issue a Formal Cleansing Order, instructing the Nurse to convey the pupil to the nearest School Clinic to be cleansed by her.

During 1957, a total of 123,056 head inspections was carried out by the School Nurses, and 1,336 pupils were found to be verminous, some on more than one occasion.

The following table sets out the position from 1948 to 1957:—

Year	Pupils Register of Schools Inspected	Verminous Pupils	Percentage Verminous
1948	32,873	2,534	7.7
1949	33,424	2,066	6.2
1950	34,593	1,935	5.6
1951	36,259	1,501	4.1
1952	37,545	1,418	3.8
1953	39,187	1,179	3.0
1954	38,448	1,337	3.5
1955	38,527	1,119	2.9
1956	40,152	1,287	3.2
1957	40,574	1,336	3.3

It was found necessary during the year to issue 75 formal Cleansing Notices and 7 Cleansing Orders, but in no case was legal action considered necessary.

Work of School Nurses.—School Nursing is undertaken by 3 whole-time and 4 part-time School Nurses, 29 Health Visitors and 30 District Nurses (who are estimated to devote about 7 per cent. of their time to this work). In addition to their visits to schools for head inspections the School Nurses are required to attend the medical inspections at those schools for which they have been made responsible.

Children ascertained by the School Medical Officers to be suffering from defects of any kind are referred for treatment or noted for observation; and the subsequent follow-up work of the School Nurses, together with the number of days which they give to routine medical inspections, is indicated in the following table:—

Staff	Staff		Medical Inspection days	Treatment Cases				Observation Cases			Totals	
	Number	Whole-time equivalent		Visited	Not Visited	Total	Treated	Visited	Not Visited	Total	Cases	Visits
School Nurses . .	3	3	178	1,268	86	1,354	1,349	97	16	113	1,467	1,798
Part-time												
School Nurses	4	2	43½	85	218	303	289	46	159	205	508	169
Health Visitors	27	6.38	352½	1,369	521	1,890	1,846	557	372	929	2,819	2,647
District Nurses	30	5.6	132	683	110	793	741	242	99	341	1,134	1,530
Total . .	64	16.98	706	3,405	935	4,340	4,225	942	646	1,588	5,928	6,144

Vocational Guidance.—The School Medical Officer, at the last routine medical examination of each pupil, makes a special report if he considers the pupil unsuitable for work of any particular type. When the pupil leaves school this report is sent by the Head, together with the “School Leaving Report,” to the Local Officer of the Ministry of Labour or to the Juvenile Employment Bureau. It is then used by the Vocational Guidance Officers to ensure that a pupil, on leaving school, is not put to employment for which he is either mentally or physically unsuited.

Handicapped pupils are also given the opportunity to enrol on the Register of Disabled Persons in order that they may obtain through the Ministry of Labour not only sheltered employment but also the special educational training open to Registered Disabled Persons.

Employment of Children.—Every pupil reported by the Secretary for Education as being engaged in employment outside school hours is examined by a School Medical Officer in accordance with the provisions of Section 59 of the Education Act, 1944, to determine whether or not he is being employed in a manner likely to be prejudicial to his health or to render him unfit to obtain the full benefit of the education provided for him.

Of 521 pupils examined during 1957, it was necessary to recommend reduction of the hours of employment in one case, and re-examination in ten others at intervals ranging from two weeks to six months.

Only children of 12 years or more are allowed to take up employment which, for the most part, includes newspaper rounds and deliveries for butchers and grocers.

Employment is restricted by statute and may not exceed two hours on school days. Work before six o'clock in the morning is prohibited and the majority of children do about three hours on Saturday afternoons on deliveries, or half to one hour daily from seven o'clock on newspaper rounds. The latter means early rising but it is concluded from the medical records that none of this work harms them; in fact, it gives them a sense of responsibility, enables them to save from their earnings for holidays and probably helps them when they leave school to take up regular employment.

Parents often come with their children to the medical examination and seem pleased that the children are watched by the Medical Officers.

Medical Inspection of Pupils resident in Special Schools, Boarding Schools and Hostels.—

In May, 1948, special arrangements were made for the medical examination of children in hostels and boarding schools, or resident in special schools within the County, a total of 14 establishments.

Medical examinations are carried out within a fortnight of the opening of the schools at the beginning of the school year in September, and later entrants are likewise examined within a fortnight of receipt of notice of admission from the Head of the school.

The visiting Medical Officer tells the Head of the school, or Warden of the hostel, anything relevant to the wellbeing of the children arising out of such examinations.

During the year, 806 pupils in residence were examined by the School Medical Officers.

Every pupil in these residential establishments is on the list of a local Medical Practitioner providing General Medical Services under the National Health Service Act.

Nutrition.—For 1957, as for 1956, practically 100 per cent. of the children seen at Routine Medical Inspection were classified as of satisfactory nutrition, and less than one per cent. only out of the 18,424 examined as unsatisfactory.

NUTRITIONAL GROUPS : CLASSIFICATION IN PERCENTAGES

Year	Entrants		Second Age Group		Third Age Group		Other Periodic		Total	
	Satis.	Unsatis.	Satis.	Unsatis.	Satis.	Unsatis.	Satis.	Unsatis.	Satis.	Unsatis.
1956	99	1	99	1	100	—	99	1	99	1
1957	99	1	100	—	100	—	100	—	100	—

Medical Examination of Prospective Teachers.—During 1957, some 203 candidates for entry to the teaching profession were examined by the medical staff of the School Health Service.

Meals.—Meals from school canteens are available for all but one per cent. of children attending school; but only 45 per cent. were having school dinners in September, 1957.

The cost of school meals had risen from 9d. to 1/- since September, 1956, when 62 per cent. were then using this service.

Milk.—Milk is supplied free of charge in all schools and a census taken in September, 1957, showed that 85 per cent. of the children were drinking it.

Quality of Milk Supplies.—Only Pasteurised or Tuberculin Tested Milks are supplied; of a total of 379 departments in maintained, grant aided and independent schools, 348 had pasteurised supplies in 1957.

Investigation of Milk Supplies.—The County Sanitary Officer is responsible for the supervision of school milk supplies and samples for testing are obtained by Sampling Officers of the County Health Department. Methylene Blue colour tests to determine the keeping quality and, in the case of Pasteurised milk, Phosphatase tests to determine whether the milk has been properly processed are carried out on milk from each supplier at regular intervals. In addition, Tuberculin Tested milk is submitted to a biological test for the presence of tubercle bacilli.

The table below gives the results of the examination of samples taken during 1957:—

Grade of Milk	Samples taken	Methylene Blue Test			Phosphatase Test		Biological Test	
		Satis.	Unsatis.	Void*	Satis.	Unsatis.	Satis.	Unsatis.
Pasteurised ..	373	333	6	34	373	—	—	—
Tuberculin Tested ..	157	84	15	—	—	—	58	—
Total ..	530	417	21	34	373	—	58	—

*Methylene Blue tests are declared void when the atmospheric shade temperature exceeds 65°F. during the required storage period in the laboratory.

Tubercular Adenitis.—All cases of Tubercular Adenitis in children are notified to the Principal School Medical Officer by the Chest Physicians, to enable investigations to be made into both the school and home milk supplies.

One case was reported during 1957, but investigations failed to trace the source of infection.

REPORT OF THE SENIOR SPEECH THERAPIST

During 1957 Speech Therapy Clinics were held at the following Centres:—

NORTH—MISS S. A. BARNARD

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning ..	Oswestry	Hadley	Whitchurch	Trench Hall	Haughton Hall	Murivance
Afternoon ..	Oswestry	Newport	Ellesmere	Petton Hall	Market Drayton	—

CENTRAL—MR. E. PAULETT

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning ..	Wellington	Eye, Ear and Throat Hospital	Murivance	Eye, Ear and Throat Hospital	Condover Hall School for Blind	Murivance
Afternoon ..	Wellington	Overley Hall School for Blind	—	Murivance	—	—
Evening ..	—	—	Eye, Ear and Throat Hospital	—	—	—

In addition, throughout the year one child suffering from cerebral palsy was provided with treatment at her home.

SOUTH—MISS M. E. FRANKLIN

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning ..	Cleobury Mortimer	Dawley	Ludlow	Madeley	Bridgnorth	Murivance
Afternoon ..	Ludlow East Hamlet Hospital	Shifnal	Ludlow	Madeley	Bridgnorth	—

In addition, weekly visits were made to two schools for the treatment of children.

CASES TREATED

On Register in January	New Cases during year	Cases Discharged during year	On Register 31st December
155	172	170	157

PARTICULARS OF CASES DISCHARGED

Normal	Substantially Improved	Unlikely to benefit by further treatment		Referred to Other Services	Left School or Ceased	Total
		Slightly Improved	Unimproved			
49	67	20	1	12	21	170

In a small number of cases discharge is temporary, and children can attend later for further treatment.

The following table gives particulars of the conditions which necessitated the attendance of the 327 children given speech therapy in 1957:—

	Cases Discharged during Year	On Register 31st December		Cases Discharged during Year	On Register 31st December
*Stammer	39	31	Mutism or Alalia	5	7
*Cleft Palate	2	4	Partial Deafness	1	1
*Severe Dyslalia	18	19	*Educational Subnormality ..	8	34
Nasality + or —	2	2	Dysarthria	1	—
*Dyslalia	82	54	Mixed Defect	7	2
Voice Defect	4	—	*Dysphasia	1	1
Mongolism	—	2			

*These totals include 17 children from 3 neighbouring counties, the latter paying the Shropshire Education Authority for their treatment.

In addition:—

13 children made single visits to Centres for advice.

10 visits were made to individual homes.

66 visits were made to schools to see children and to discuss cases with teachers; these visits often being found very helpful in treating difficult cases at the Centres.

The present shortage of Speech Therapists throughout the country was more fully realised following the resignation of Miss Barnard on 31st August, 1957, when, despite the fact that over a period several advertisements were made, no applicants attended for interview. Consequently Miss Franklin, who had been in charge of the Speech Clinics in the southern part of the County, then took on the added responsibility of the Clinics in the northern area, which she now visits on alternate weeks.

Miss Barnard had given excellent service during her 1½ years with the County and her leaving us to fill a similar post in her home town of Southampton was regretted by the many in Shropshire who had found her so pleasant and efficient a colleague and therapist. It is encouraging to report, at the time of writing, that Miss Helen Millar has joined the staff in replacement of Miss Barnard, commencing work on 1st June, 1958.

Speech therapy began at Petton Hall and Haughton Hall Special Residential Schools in March and May respectively. Following the move of Bishop's Castle Child Welfare Centre to alternative premises and because 7 out of 9 children were Montgomeryshire pupils it was decided not to continue with the Speech Therapy Clinic there after March.

To assess the number of speech defects in children attending County Council Schools a survey was carried out during the summer term. The Head Teachers of every school on the Shropshire Education School list were asked to state the number of children whom the teaching staff considered would be likely to benefit from speech therapy.

Schools requested to give information	Schools supplying information	Schools having no pupils in need of treatment	Schools with pupils in need of treatment	Total No. of pupils referred	Pupils who had received no previous treatment
334	307	72	235	864	607

The three areas into which the County is divided for the purpose of speech therapy showed the following results:—

Area	Schools with pupils in need of treatment	No. of pupils referred	Pupils who had received no previous treatment
North	81	334	237
Central	91	302	209
South	63	228	161

In September a Pilot-Survey was made in the Central Area of the County, the schools visited being those in the Borough and environs of Shrewsbury.

Schools Visited	Children Examined	Speech Analysis Results		
		Serious	Moderate	In no need of treatment
53	192	55	87	50

A tape recording machine has been in continual use since the beginning of 1954. It is proving a valuable therapeutic aid much in demand by the speech clinicians—for a magnetic tape recorder, being a versatile instrument, can be adapted well to the requirements of the therapist. Its uses are innumerable but it cannot, on its own, cure a defect of speech.

What it does do is to arouse a speech, voice and sound consciousness in a person. It can often provide dramatic proof to a child patient of the reason for his attendance at a Speech Clinic. In many instances a proposed course of treatment from a "Speech Doctor" is thought of as "a jolly good scrounge from school," for the child may be perfectly happy with his way of speaking, his chums can understand him—why worry? Then comes a shock, he hears his own voice and when he has been convinced that he is indeed listening to himself then, in the majority of cases, far more interest will be taken in the consequent treatment. This realisation of the inherent qualities of one's own voice must be somewhat similar to the experience a partially-sighted person has when given new spectacles, enabling him to see himself clearly in a mirror and thereby study all the characteristics which have become visible.

To assist the efforts of some particularly tense children in achieving complete relaxation some soft, restful music was pre-recorded and played back through the machine, with some success. Another patient whose voice is weak and fading was able to maintain a higher level of sound intensity by watching the flicker of the magic-eye control dial as he uttered into the microphone. A dysarthric child with slow, laboured speech was able to record a set piece of prose, time its length, and then repeat the process until the speech was faster with the clarity unaffected.

Almost every child who attends a Speech Clinic is recorded on tape and where possible re-recorded periodically for a comparison of results and progress check. Unusually interesting or problematical speech defects can be recorded and played back during a clinical discussion or analysed at leisure. On three or four occasions during the year the recording machine was used to demonstrate during talks given to Mothers' Clubs and Parent-Teacher Associations.

A constant challenge found in most clinics is the elimination of background interference and muffling from a variety of sounds inside and outside the room. This has been combated on some occasions by improvising more acoustically acceptable surroundings by draping blankets over screens to form a tent in which to record. There would be an increase in efficiency and better continuity of treatment if a tape recorder was provided for each Speech Therapist, as age, and wear and tear are having their effect on the one machine now being transported from clinic to clinic throughout the County.

E. PAULETT,
Senior Speech Therapist.

CHILD GUIDANCE SERVICE

Dr. J. A. Crawford joined the staff on 27th March and Dr. Jeannie Stirrat resigned in August, 1957. Dr. Crawford has undertaken the medical direction of the clinic and attends for two sessions in Shrewsbury on Fridays from 10 a.m. to 4 p.m.

The Psychiatric Social Worker and two Educational Psychologists divide their duties between the School Psychological Service and the Child Guidance Clinic. The Psychiatric Social Worker and one of the Educational Psychologists also make a weekly visit to the Child Welfare Centre at Wellington on Wednesday, and hold clinics at other outlying Welfare Centres in the County as occasion requires.

The results of the work during 1957 have been most encouraging. There has been a general expansion of the service and good co-operation from outside bodies. Considerable effort is made to follow up the cases after they have been nominally closed, and in the majority of cases the results have been satisfactory.

Statistics relating to pupils who were treated at the Child Guidance Clinics during 1957 are contained in the following report of Mr. J. L. Green, County Psychologist:—

SUMMARY OF WORK DONE DURING 1957:

[illegible]

Source of Cases:

[illegible]

Reasons for reference:

Failure in school. Difficulties either in specific subjects, general behaviour or general attitude to work	18%
Nervous conditions, such as night terrors, anxiety conditions, stammering and timidity	33%
Behaviour difficulties such as aggressive behaviour, severe tempers, truancy, pilfering	28%
Physical disorders, e.g. day or night enuresis, soiling, failure to eat or sleep normally	17%
Miscellaneous reasons. Vocational guidance, advice re adoptions, reports to Magistrates	4%
Number of cases seen by Psychiatrist	140
Number receiving prolonged treatment by Psychiatrist	43
Number recommended for admission to the Salop Education Authority's Special School for Maladjusted Children at Trench Hall	12
Number actually admitted to Trench Hall during 1957	16*

*Includes 4 recommended for admission in 1956.

Although a certain number of cases have needed intensive psychiatric treatment over a period of time before the children could resolve their tensions and anxieties, or before their symptoms could be relieved, others responded to the advice and help given in one or two interviews. Still others were helped by interviews or play sessions with a Psychologist after the child had received a diagnostic interview by the Psychiatrist.

Every case has to be dealt with on its merits and all members of the team feel that the best results are obtained when there is flexibility in approach. Difficulties arising from anxieties in the parents and other factors in the home situation constitute a major problem in all Child Guidance work. In almost every case, help given to the parents by the Psychiatric Social Worker has been of inestimable importance.

SCHOOL REPORT OF PRINCIPAL DENTAL OFFICER

Before giving my report for the year I should like to express my appreciation of my predecessor, G. R. Catchpole, Esq. In spite of difficulties, not least the shortage of Dental Officers, he managed to give to the School Service in Shropshire a firm foundation upon which to build for the future. We now have a number of modern, well equipped Clinics, which must compare very favourably with those in other parts of the country. He also realised the need for a Mobile Dental Clinic to meet the needs of the more remote parts of the County, and this has indeed been extremely useful. I wish him a long and enjoyable retirement.

Staff.—During the year the staff consisted of five full-time officers and four part-time officers. The part-time officers have each been doing an average of three sessions per week. Two other part-time officers have recently joined the staff and are doing five sessions per week between them.

In addition to the above staff, a Consultant Orthodontist, Mr. Broadbent, and a Senior Hospital Dental Officer, Mr. Scott, both seconded for duty with the Council by the Birmingham Regional Hospital Board, carry out two weekly sessions between them in the Council's Clinics at Shrewsbury and Ludlow. It is hoped that we may be able to extend this service in the near future to other Clinics, and so avoid excessive expense on the part of parents of patients not living near to these particular Clinics.

A Dental Technician commenced duty with the Council in October, 1957, and is working in the laboratory at the Shrewsbury Clinic. This has proved valuable, and the scope and variety of work being done by officers is broadened by this closer and more personal contact between surgery and laboratory.

Work done during the year.—

Number of pupils inspected by the Council's Dental Officers:

(a) At periodic inspections	..	..	..	..	10,847
(b) As specials	..	..	..	..	2,824
				Total	13,671
Number found to require treatment	..	..	..	..	9,325
Number offered treatment	..	..	..	..	9,241
Number accepting treatment	..	..	..	..	7,037
Number actually treated	..	..	..	..	5,801
Number of attendances made by pupils for treatment					16,135
Half-days devoted to: Periodic (school) inspection	..			..	92
Treatment	..	..	..	..	2,357
				Total	2,449
Fillings: Permanent teeth	..	..	..	..	9,172
Temporary teeth	..	..	..	..	1,152
				Total	10,324
Number of teeth filled: Permanent teeth	..	..	..	..	8,104
Temporary teeth	..	..	..	..	1,130
				Total	9,234
Extractions: Permanent teeth	..	..	..	..	2,931
Temporary teeth	..	..	..	..	6,241
				Total	9,172
Administration of general anaesthetic for extraction	..			..	1,882
Other operations: Permanent teeth	..	..	..	..	3,581
Temporary teeth	..	..	..	..	740
				Total	4,321

Other operations include X-rays, root fillings, crowns fitted, inlays, and various surgical procedures, etc.

Orthodontics:

			1957	1956
Cases commenced during the year	..	..	157	197
Cases carried forward from previous year	..	..	260	131
Cases completed during the year	..	..	89	75
Cases discontinued during the year	..	..	30	62
Pupils treated with appliances	..	..	176	162
Removable appliances fitted	..	..	145	136
Fixed appliances fitted	..	..	48	56
Total attendances	..	..	1,801	1,742

Dental Technician:—Mr. Rushworth commenced work with us in October, 1957, and soon had the laboratory satisfactorily organised. The employment of a technician has been amply justified; indeed, the amount of work has at times been almost too much for one man to cope with and the employment of an apprentice has, in 1958, been recommended by the Education Committee.

The following is the work done in the laboratory in the last three months of 1957:

Expectant and Nursing Mothers:

					<i>Upper</i>	<i>Lower</i>
Dentures: full	..	..	..	..	48	35
part	..	..	..	..	32	34
repairs	..	..	..	..	6	4

Children:

Orthodontic appliances	..	..	..	..	65	6
Dentures: full	..	..	..	..	1	—
part	..	..	..	..	29	6
study models	..	..	..	..	34	—
repairs	..	..	..	..	16	—
Gold inlays	..	..	..	..		4
Cast metal splint	..	..	..	..		1
Jacket crown	..	..	..	..		1

Mobile Dental Clinic.—This vehicle is used extensively and is proving extremely valuable; in fact, one is insufficient.

In a rural area, by basing the mobile clinic at a central school which has electricity and water, it is possible to provide inspection and treatment for all the hamlet schools within an approximate radius of five miles and thus deal with more pupils, especially those in the remote areas, with a minimum of travelling time on the part of the Dental Officer. The clinic also provides a far more suitable atmosphere in which to work than a classroom. This system is proving very successful and meets with the approval of Head Teachers.

Dental Inspection and Treatment in Schools other than Maintained Primary and Secondary.—

Under Section 78 of the Education Act, 1944, dental inspections and treatment are carried out at Condover Hall School, Condover, which is maintained by the Royal National Institute for the Blind.

Particulars of work performed at this school during 1957 are given below:

Number of pupils inspected by the Authority's Dental Officers:

(a) At Periodic Inspections	..	..	..	..	60
(b) At Special Inspections	..	..	..	..	4
Total	..				64

Number found to require treatment and treated	..				50
Number of attendances made by pupils for treatment	..				81

Half-days devoted to: Periodic (School) Inspection	..				1
Treatment	..	..	..	..	6
Total	..				7

Fillings: Permanent teeth	..	..	..	..	55
Temporary teeth	..	..	..	..	—
Total	..				55

Number of teeth filled: Permanent teeth	..				50
Temporary teeth	..				—
Total	..				50

Extractions: Permanent teeth	..	..	..	..	9
Temporary teeth	..	..	..	..	4
				Total	13
Administration of general anaesthetics for extraction	..				8
Number of pupils supplied with artificial dentures	..				1
Other operations: Permanent teeth	..	..	..		23
Temporary teeth	..	..	..		—
				Total	23

C. D. CLARKE,
Principal Dental Officer.

HANDICAPPED CHILDREN: LOSS OF HEARING

The following account of a new departure sponsored by the Education Committee and County Council in 1957 is of unusual interest. Dr. A. C. Mackenzie, Medical Officer of Health for Shrewsbury Borough and School Medical Officer for the County Council, has done much of the inaugural work and has this aspect of School Health as his special interest; with generous help and co-operation from the Consultant Otolaryngologists of the Eye, Ear and Throat Hospital on the other side of the road opposite the Council's Clinic in Murivance, Shrewsbury, where he conducts this new Audiology Clinic, these arrangements seem to be working well.

"Audiology" is the science of hearing; "audiometry" is the measurement of hearing—by quality and quantity; "sweep" testing refers to a form of test which sweeps, as it were, a broad swathe through the various common frequencies, as opposed to surveying hearing capacity at any one frequency in great detail—a broad and rough and ready but quite adequate "sorting-out" test.

Deafness is likely to cause more distress to the individual concerned than any other physical defect; and in children can be the gravest handicap to educational progress. Unless detected and specially cared for at an early age, a child with defective hearing is unable to make satisfactory progress in school, is liable to become frustrated and troublesome, or may be considered dull and backward. He may even in extreme cases be deemed incapable of receiving education in school. Defective speech frequently accompanies, and may be the first thing to suggest, defective hearing.

The pioneer work of Professor and Mrs. Ewing at Manchester University before the last war, and workers at other clinics in London and provincial centres since then, has done much to stress the urgent need for detecting hearing defects in early childhood and the need for the provision of auditory training and hearing aids. These needs are now widely recognised, and much has been learned of the best practical ways of assessing and helping children suspected of defective hearing.

The first essential is early diagnosis—that, is, at the earliest moment in the case of those born deaf, or as soon as possible after any illness or injury which affects the ear or auditory nerves. It is well known that in children with normal intellect it is now possible by simple methods to detect deafness even in a child below the age of 12 months; and that a surprising amount of satisfactory auditory training can immediately follow such detection.

Modern hearing aids can be used by small children and those as young as 18 months have worn aids continuously. Improved diagnostic methods are beginning to alter previous ideas on the causes of this handicap and of its frequency in the child population.

Children of school age can be "screened" (or "sorted out") to detect those who do not have normal hearing.

With a minimum of training an intelligent lay person can learn to use a pure tone audiometer for measuring degrees of deafness, according to the recommendations of the Medical Research Council's Committee on the Education and Treatment of Deafness. An audiometer costs about £85; it is portable and tests each child individually, showing for each ear the child's capacity to hear pure tones of a given intensity at a number of different frequencies within the range of speech.

After suspects have been detected by these preliminary tests, they can be referred for more accurate assessment by a School Medical Officer with special experience, who has behind him the Consultant Aural Surgeons. When a more accurate diagnosis has been arrived at, then the methods of treatment appropriate should be gone into and provided.

During 1957 and before, the Education Department and the School Health Section have, with the Aural Surgeons of the Eye, Ear and Throat Hospital in Shrewsbury, given much thought to planning a comprehensive service for the early detection and treatment of defective hearing for children in a rural county.

In February, 1957, Dr. Mackenzie, Medical Officer of Health for the Borough of Shrewsbury and School Medical Officer for the County Council, attended a course of instruction in Manchester given by Professor Ewing on "The Theory and Practice of Screening Tests of Hearing; Procedures for the assessment of Residual Capacity to hear in Young Children, and Home Guidance of the Parents of Deaf Children," so as to fulfil the special role alluded to above.

The importance of early diagnosis has been stressed. To detect hearing defects in infants, a number of Health Visitors (12 in 1957) have been, and others are being, trained by Dr. Taylor, a member of Professor Ewing's team, in the administration of special tests for babies and young children. On completion of training, the Health Visitors can carry out adequate screening tests on these children at Infant Welfare Centres or in their own homes. It is hoped that, eventually, as more workers learn this technique of testing infants, all new babies can be tested as they come to the baby centres.

For children in Infant Schools, Mrs. Jones and Miss Edwards of the Health Department clerical staff were, during the year, taught locally by Dr. Mackenzie the use of a pure tone audiometer which had been purchased. In the autumn term of 1957 they began screening tests on pupils in primary schools in Shrewsbury, testing:

- (a) children in their first year at school,
- (b) other children suspected of deafness, and
- (c) children who were backward.

In addition, they visited the Education Authority's three Special Residential Schools, two for educationally sub-normal and one for maladjusted pupils. The results of this testing are tabled below. Although the results of testing children at the two residential schools for educationally subnormal pupils are not yet complete, they show that a higher proportion of these children have an appreciable loss of hearing than would be found in children of normal educational attainments. The number tested at the residential school for maladjusted children was small and the findings are not, therefore, considered significant.

RESULTS OF SWEEP FREQUENCY TESTS IN PRIMARY AND SPECIAL RESIDENTIAL SCHOOLS

Children	Tested	Hearing normal	Failed sweep frequency test	
			One ear	Both ears
Entrants	115	70	21	24
Considered possibly deaf	15	5	5	5
Educationally sub-normal	92	24	30	38
Maladjusted	28	5	12	11
Total ..	250	104	68	78

These ladies from the clerical side of the Health Department have been apt learners of the use of the pure tone audiometer; they enjoy their work, which they describe as follows:—

“In September, 1957, it was decided that an audiometry programme should be carried out in the Infant Schools in Shrewsbury.

The purpose of testing the hearing of a child as early as possible in school life is to trace any defect which might impede normal progress at school, and to ensure that any necessary treatment is received.

The first sweep test is made in the school, using an Audiometer with a pair of headphones, one earpiece being a dummy so that each ear is tested separately. The children are introduced to the “wireless” in groups of six, and demonstrations are given of “squeaking like a mouse, and humming like an aeroplane.” When they have grasped what is expected of them the test starts and they are asked to indicate that they hear the noises, by such methods as adding building bricks to a pile, one for each sound, fitting beakers into a nest, or by nodding or holding up their hands. Occasionally there have been tears, but these soon disappear as the children gather confidence from each other.

In normal circumstances 30 to 40 children can be tested in one session, the average time taken with each child being three minutes. Those who fail at the standard set at any of the frequencies are sent for a more intensive test by Dr. Mackenzie at the twice monthly audiology clinic held at Murivance, and children who are found to be deaf at this clinic are afforded specialist treatment.

The Infant Schools so far visited in Shrewsbury are Woodfield, All Saints, Meole Brace and Coleham, and the three Special Schools, Petton Hall, Haughton Hall and Trench Hall. It is hoped that this service will shortly be extended to the Ludlow area and, in due course, to the whole of the County.”

Since October, 1957, Dr. Mackenzie has conducted monthly at the Health Centre, Murivance, Shrewsbury, a diagnostic clinic fully equipped with an audiometer, sound level meter, special play table, toddlers’ chairs, etc., where he is assisted by two County Council Health Visitors who have had additional special training from Professor Ewing for assessment work more advanced than that described in the previous paragraphs.

At this clinic fuller investigations are carried out on the young children discovered at these Welfare Centre and School tests as suspected to have some hearing loss. Other cases are referred from School Medical Officers, Health Visitors, Medical Practitioners and Hospital Specialists and the results of testing are indicated below.

In all, 60 children were tested at the diagnostic clinic and 24 were found to have normal hearing. Of the 36 remaining, 22 had defective hearing in one ear only to the extent indicated:—

Hearing loss: slight	18
moderate	4

Fourteen children had loss in both ears, as follows:—

		<i>Loss in other ear</i>		
		<i>Slight</i>	<i>Moderate</i>	<i>Severe</i>
<i>Loss in better ear:</i>	Slight	8	3	1
	Moderate	—	1	1
	Severe	—	—	—

Following diagnosis, early auditory training is of great importance in order to prepare the deaf child for special education and assist the partially deaf child to make the most of education in the normal school.

When children of pre-school age have been found to have defective hearing at the diagnostic clinic, help and advice are given by the Medical Officer and Health Visitors in attendance.

Arising from the evident need for this, and to pursue special teaching of partially deaf children being educated in ordinary schools, the Education Committee in October, 1957, recommended, and the Council authorised, the appointment of a trained Teacher of the Deaf, who took up her appointment in April, 1958, to give specialised training to children and parents. The latter require advice in the methods of handling their deaf children; and in appropriate cases it is proposed that they bring their children to the audiology clinic once or twice a week for half-hour sessions over a period of some three months so that the Teacher of the Deaf can guide them.

For children of school age the need for the provision of special classes attached to the ordinary primary school has been met by the establishment at Coleham School, Shrewsbury, of such a class fully equipped with a Group Hearing Aid in a sound-proofed room and catering for approximately 10 pupils. The main aim of this class, which is conducted by the same recently appointed Teacher of the Deaf, is to provide early and effective help to partially deaf children and their parents and to do this within an ordinary school community with the children residing in their own homes.

In the present state of knowledge, little medical or surgical treatment for deafness can be usefully undertaken, but with proper educational facilities the whole outlook for the deaf child has materially improved. It should moreover be remembered that these studies are only part of the larger programme of discovery of the causes of central deafness. As the causes of deafness become better understood, the Health Department may be able to play an increasingly larger part in its prevention.

B.C.G. VACCINATION OF SCHOOL CHILDREN

The scheme for giving B.C.G. vaccination against Tuberculosis to children during the year preceding their fourteenth birthday, which was outlined in Ministry of Health Circular 22/53 and put into operation in Shropshire so successfully in October, 1956, proceeded smoothly during 1957.

By the end of the Summer term, all 13 year old children attending maintained and grant-aided schools in the County had been offered vaccination and the offer was extended to children in the same age group attending independent schools. Certain schools in the latter category did not accept this offer but those which did accept were visited.

The following are particulars of schools visited for B.C.G. vaccination purposes during 1957:—

	Schools Visited	Children Tested	Positive Reactors	Negative Reactors	Not Read	Children Vaccinated
Maintained and Grant-aided Schools	114	4,275	1,105	3,030	140	3,016
Independent Schools	15	192	55	137	—	136

Mass Radiography.—As was the case in 1956, positive reactors and their home contacts were X-rayed by either the Stoke-on-Trent or Wolverhampton Mass Radiography Units, each of which made special visits to the County for this purpose.

The following table summarises the results of the surveys carried out in Shropshire in respect of 13 year old positive reactors, their home contacts and school staff:—

	Pupils	Home Contacts	Staff
Cases investigated	2,101	1,775	181
Recalled for large film examination	45	36	1
Cases of tuberculosis discovered:—			
Respiratory	3	2	1
Non-respiratory	—	—	—

Following discussions with the Consultant Chest Physician arrangements have now been made for all positive reactors to the Mantoux test showing a large reading to have an early large film X-ray at the Chest Clinic, with a check in the same year by Mass Miniature Radiography. A further small film X-ray will be taken in the following year and children at Grammar Schools will be offered an annual check until 18 years of age. This is considered essential since these cases are the potential future tuberculosis cases.

(For the lay reader, the Mantoux test comprises the injection, intradermally into the left forearm, of one-tenth c.c. Purified Protein Derivative of old tuberculin, strength 1/1,000. The injection site is examined after 72 hours and any induration measured. An induration of 5 m.m. or less is regarded as a negative reaction and these are the cases given B.C.G. vaccination. Those of 6 m.m. or more are taken as positive and the special follow-up procedure referred to in the previous paragraph is undertaken where the reading is 20 m.m. or more).

DIPHTHERIA IMMUNISATION

Routine Medical Examination Sessions in school give the School Medical Officer opportunity to check on the children's state of protection against Diphtheria, to urge the importance of immunisation and to get parental consent to its promotion and maintenance. School Nurses, Health Visitors and District Nurses, who in the course of their duties discover school children who have missed immunisation, also endeavour to obtain the necessary parental "consents." Propaganda methods, including the display of posters and advertisements in the press, are also used from time to time to remind the public of the importance of immunisation.

During 1957, the total number of children of school age who were primarily immunised was 458; of this number, 238 were treated by School Medical Officers and 220 by general medical practitioners.

Children immunised against Diphtheria in infancy should have a reinforcing injection after an interval of three or four years and School Medical Officers at routine medical inspections advise this in appropriate cases.

Of 3,261 school children re-immunised, 2,029 were dealt with by the School Medical Officers and 1,232 by general medical practitioners.

The estimated school population of the County in 1957 was 48,700 and of these 40,228 (or 82.6 per cent.) were known to have been immunised against Diphtheria; 19,980 (or 41.03 per cent.) could be regarded as completely protected by having been immunised within the last five years.

The effects of the immunisation campaign are demonstrated by the following table showing the incidence of, and deaths from, Diphtheria among persons of all ages in the County during the past twenty years:—

		1938—1942	1943—1947	1948—1952	1953—1957
Notifications ..	Total ..	912	112	9	—
	Annual average ..	182.4	22.4	1.8	—
Deaths ..	Total ..	58	11	1	1*
	Annual average ..	11.6	2.2	0.2	0.2

*Death of elderly woman, assigned by Registrar-General; *C. diphtheriae* not found.

VACCINATION AGAINST SMALLPOX

During the year, 144 children *between the ages of 5 and 14 years* were vaccinated against Smallpox. Of this number, 31 vaccinations were performed by School Medical Officers and 113 by general medical practitioners.

In addition, 106 children were re-vaccinated—all but one by general practitioners.

SCHOOL CANTEENS

Medical Examination of Staff.—In order to ensure as far as possible that those engaged in the School Meals Service are not suffering from, or carriers of, some form of infectious disease, liable to be transmitted by contamination of the food which is served in the canteens, a scheme for the medical examination of canteen staffs, particulars of which are given below, was put into operation on 1st February, 1950.

There are three categories of premises in which food is either prepared or served to school children having a mid-day meal in school, namely:—

- (a) Central Kitchens, where the meals are prepared and sent out to School Canteens;
- (b) Self-contained Canteens, where meals are prepared and served on the school premises;
- (c) Canteens for dining purposes only, where meals are served which have been prepared at the Central Kitchens.

An effort is made to examine the personnel employed in these establishments at least once per annum, and new entrants to the service are examined as soon as possible after appointment.

The majority of the kitchens and canteens are located either at, or within easy reach of, one or other of the schools which they serve, and the opportunity to carry out these examinations is taken when these schools are visited by a School Medical Officer.

These medical examinations are directed towards establishing the cleanliness of the person, clothing and hands of those employed in the preparation or handling of food; and the absence of infectious conditions such as septic skin lesions, discharging ears and chronic catarrh and other conditions such as eczema or other forms of dermatitis.

If on the occasion of the initial examination of an employee recruited to the School Canteen Service, the candidate is found to have a history or shows symptoms of intestinal disorder, arrangements are made by the examining Medical Officer for specimens of faeces and if necessary urine to be submitted to the Public Health Laboratory, Shrewsbury, for investigation. In 1957, one candidate was required to submit specimens in this connection and the results of the examination were found to be satisfactory. A record card for each canteen worker is kept in the County Health Department on which particulars of clinical examinations and bacteriological tests are recorded.

The following particulars give some indication of this work during the year:—

KITCHENS AND SCHOOL CANTEENS

Premises	Personnel Employed					Total
		Supervisors	Cooks	Helpers	Others	
Central Kitchens ..	12	14	27	77	17	135
Self-contained Canteens	121	1	136	359	82	578
Canteens for dining only	209	—	—	370	94	464
Total ..	342	15	163	806	193	1,177

During 1957, a total of 1,382 examinations of canteen personnel (175 initial and 1,207 re-examinations) was carried out.

In nine cases, the clinical examinations were unsatisfactory; seven employees were subsequently found fit for duty after treatment and two relinquished their appointments.

It was found necessary to arrange for two employees to undergo chest X-ray examinations, the results of which were satisfactory. In addition one helper was found to require a vision test and nine dental treatment.

This scheme has also been extended to include personnel engaged in the preparation and handling of foodstuffs at the Boarding Schools and Hostels in the County and during the year seventeen such examinations were carried out by the School Medical Officers.

SUMMER CAMPS

Summer Camps for senior pupils were again organised during May, June and July, 1957. Accommodation for approximately 60 pupils was made available at Dyffryn Seaside Estate, Dyffryn Ardudwy, Merioneth. Some 689 pupils and 47 staff passed through the camp. All the pupils were examined before admission—initially by the local School Nurse and immediately prior to departure to the camp by a School Medical Officer—and certified to be free from infection or verminous infestation before being allowed to proceed.

Arrangements were made with a medical practitioner resident nearby to provide medical services when requested.

HOSPITAL AND SPECIALIST SERVICES

Children found to be suffering from defects requiring either the advice of a Consultant or in-patient treatment are referred, preferably in collaboration with their family doctor, to the following hospitals, all of which come under the Birmingham Regional Hospital Board. Children suffering from chest conditions are seen by a Chest Physician at one of the Chest Clinics.

General Medical and Surgical Conditions:

The Royal Salop Infirmary, Shrewsbury.
 Copthorne Hospital, Shrewsbury.
 Cross Houses Hospital, near Shrewsbury.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton Royal Hospital, Wolverhampton.
 The Staffordshire General Infirmary, Stafford.

Eye Conditions:

The Eye, Ear and Throat Hospital, Shrewsbury.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Staffordshire General Infirmary, Stafford.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton and Midland Counties Eye Infirmary, Wolverhampton.

Ear, Nose and Throat Conditions:

Copthorne Hospital, Shrewsbury.
 The Eye, Ear and Throat Hospital, Shrewsbury.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Staffordshire General Infirmary, Stafford.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton Royal Hospital, Wolverhampton.

Respiratory Tuberculosis:

Shirlett Sanatorium, near Broseley.

Orthopaedic Conditions, including Fractures:

The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.

X-Ray Treatment of Ringworm:

The Midland Skin Hospital, Birmingham.

Special Forms of Treatment not elsewhere available:

The Birmingham Children's Hospital, Birmingham.

SANITARY CIRCUMSTANCES OF THE SCHOOLS

In a Rural County it is quite impossible to attain anything like uniformity of standard in the sanitary circumstances of the schools, varying as they do in size, and situated as they are both in urban and rural surroundings. Many of the older schools fall far short of what is required in the matter of lighting, heating and ventilation, and the unsatisfactory nature of the sanitary conveniences at certain schools cannot altogether be justified by the limitations imposed by the absence of public services in the localities in which the schools are situated.

Under the post-war School Building Programme provision was made, as a long term policy, for the closure of certain of the older schools where the conditions were least satisfactory, and

for the construction of new schools, either to replace those scheduled for closure or to accommodate the increased number of pupils resulting from the raising of the school leaving age.

The School Medical Officers are required to report any sanitary defects discovered at the time of medical inspection, and particulars of these defects and recommendations which may be considered appropriate are forwarded to the Secretary for Education with a view to their being dealt with by the Education Works Committee.

SCHOOL CLINICS PROVIDED BY THE LOCAL EDUCATION AUTHORITY

The following is a list of clinic sessions made available by the Local Education Authority at which school children may attend. School doctor's sessions operate concurrently with general child welfare clinics.

Centre	Sessions				
BRIDGNORTH	<i>School Doctor:</i>	First Monday in month	..	9.00 a.m.—10.30 a.m.	
	<i>Speech Therapy:</i>	Fridays	..	.. {	9.30 a.m.—12.15 p.m. 1.30 p.m.—4.30 p.m.
	<i>Dental:</i>	By arrangement			
DAWLEY	<i>Speech Therapy:</i>	Tuesdays	..	..	1.45 p.m.—4.30 p.m.
	<i>Dental:</i>	By arrangement			
DONNINGTON INFANTS' SCHOOL	<i>Child Guidance:</i>	By arrangement			
ELLESMERE	<i>Dental:</i>	By arrangement			
HADLEY (Conservative Club)	<i>Speech Therapy:</i>	Thursdays	..	..	9.30 a.m.—12.30 p.m.
HAUGHTON HALL SCHOOL	<i>Speech Therapy:</i>	Tuesdays	..	..	10.00 a.m.—12.15 p.m.
MADELEY	<i>Dental:</i>	Weekdays			
	<i>Speech Therapy:</i>	Mondays	..	..	9.30 a.m.—12.15 p.m.
	<i>Child Guidance:</i>	By arrangement			
LUDLOW	<i>Dental:</i>	Weekdays			
	<i>Speech Therapy:</i>	Thursdays	..	.. {	10.00 a.m.—12.15 p.m. 1.30 p.m.—4.30 p.m.
	<i>Child Guidance:</i>	By arrangement			
MARKET DRAYTON	<i>School Doctor:</i>	Wednesdays	..	..	9.30 a.m.—10.30 a.m.
	<i>Dental:</i>	By arrangement			
	<i>Speech Therapy:</i>	Fridays	..	.. {	10.00 a.m.—12.15 p.m. 1.30 p.m.—4.15 p.m.
NEWPORT	<i>Dental:</i>	By arrangement			
	<i>Speech Therapy:</i>	Wednesdays	..	.. {	10.00 a.m.—12.30 p.m. 1.30 p.m.—4.15 p.m.

Centre	Sessions				
OAKENGATES	<i>Dental:</i>	By arrangement			
OSWESTRY	<i>School Doctor:</i>	Wednesday and Friday	..	9.00 a.m.—10.30 a.m.	
	<i>Dental</i>	Weekdays	.. ..	9.00 a.m.—12.00 noon	
	<i>Speech Therapy:</i>	Mondays	..	{ 9.30 a.m.—12.30 p.m. 1.30 p.m.—4.15 p.m.	
	<i>Child Guidance:</i>	By arrangement			
PETTON HALL	<i>Speech Therapy:</i>	Wednesdays	.. ..	10.00 a.m.—1.30 p.m.	
SHIFNAL	<i>Speech Therapy:</i>	Tuesdays	.. ..	1.45 p.m.—4.00 p.m.	
WELLINGTON	<i>School Doctor:</i>	Thursdays	.. ..	9.30 a.m.—10.30 a.m.	
	<i>Dental</i>	By arrangement			
	<i>Speech Therapy:</i>	Mondays	.. ..	{ 9.30 a.m.—12.30 p.m. 1.30 p.m.—4.30 p.m.	
	<i>Child Guidance:</i>	Wednesdays	.. ..	10.00 a.m.—4.00 p.m.	
WEM	<i>Dental:</i>	By arrangement			
WHITCHURCH	<i>Dental:</i>	By arrangement			
	<i>Speech Therapy:</i>	Wednesdays	.. ..	2.15 p.m.—5.15 p.m.	
SHREWSBURY (a) Health Centre Murivance	<i>School Doctor:</i>	First Friday in month	.. ..	9.00 a.m.—10.30 a.m.	
	<i>Speech Therapy:</i>	Wednesdays	.. ..	9.00 a.m.—12.30 p.m.	
		Thursdays	.. ..	2.00 p.m.—5.00 p.m.	
		Saturdays	.. ..	9.00 a.m.—12.00 noon	
	<i>Audiology:</i>	Third Friday in month	..	9.30 a.m.—12.30 p.m.	
	<i>School Nurse's Session:</i>	By arrangement			
	<i>Child Guidance:</i>	Fridays	.. ..	10.00 a.m.—4.00 p.m.	
	<i>Dental:</i>	Weekdays	.. ..	9.00 a.m.—5.00 p.m.	
(b) Monkmoor (at Monkmoor School)					
(c) Education Office, County Buildings					
(d) No. 5 Belmont					

STATISTICAL TABLES

TABLE I. (A) PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed groups:—

	Age Group			
Entrants	5 years (approx.)	..	..	4,008
Second Age Group	10+ years	..	..	4,811
Third Age Group	14 years (Modern School), 16 years and other leavers at Grammar Schools	..	..	3,479
				12,298
Number of other Periodic Inspections ..	8 years and 14 years (Grammar Schools)	..	..	6,126
				18,424

(B) OTHER INSPECTIONS

Special Inspections	..	..	..	..	..	690
Re-Inspections	..	..	..	..	..	13,773
						<u>14,463</u>

(C) PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIIA (3)	Total individual pupils (4)
Entrants	104	224	286
Second Age Group	523	211	686
Third Age Group	521	120	623
Total (prescribed groups) ..	1,148	555	1,595
Other Periodic Inspections ..	545	853	1,236
Grand Total ..	1,693	1,408	2,831

Individual pupils may be recorded in both columns (2) and (3) of the above table; therefore the total in column (4) is not the sum of columns (2) and (3).

(D) CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
Entrants	4,008	3,998	99.5	20	0.5
Second Age Group	4,811	4,802	99.8	9	0.2
Third Age Group	3,479	3,475	99.9	4	0.1
Other Periodic Inspections ..	6,126	6,102	99.6	24	0.4
Total for 1957 ..	18,424	18,367	99.7	57	0.3

TABLE II. INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the School Nurses or other authorised persons ..	123,056
(2) Total number of individual pupils found to be infested	1,336
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	75
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	7

TABLE III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1957

(A) PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease (1)	Entrants		Leavers		Total (including all other age groups inspected)	
		Requiring:		Requiring:		Requiring:	
		Treatment (2)	Observation (3)	Treatment (4)	Observation (5)	Treatment (6)	Observation (7)
4	Skin	9	105	19	25	113	314
5	Eyes (a) Vision ..	104	487	521	75	1,693	1,364
	(b) Squint ..	58	54	10	3	198	150
	(c) Other ..	6	33	7	12	27	163
6	Ears (a) Hearing ..	2	52	5	18	21	201
	(b) Otitis Media ..	3	53	4	3	26	160
	(c) Other ..	2	30	2	9	16	99
7	Nose or Throat ..	79	781	21	85	241	2,154
8	Speech	11	102	5	7	77	249
9	Lymphatic Glands ..	3	398	1	26	11	978
10	Heart	2	107	3	51	9	354
11	Lungs	12	199	4	36	28	534
12	Developmental:—						
	(a) Hernia ..	6	16	5	4	24	61
	(b) Other ..	2	68	12	14	39	248
13	Orthopaedic:—						
	(a) Posture ..	3	45	5	32	16	263
	(b) Feet ..	23	134	13	48	83	428
	(c) Other ..	17	256	9	71	77	824
14	Nervous System:—						
	(a) Epilepsy ..	2	7	1	2	15	36
	(b) Other ..	2	20	2	16	10	107
15	Psychological:—						
	(a) Development ..	—	37	—	21	464	192
	(b) Stability ..	—	83	—	9	87	310
16	Abdomen	4	40	2	11	10	118
17	Other (Dental) ..	435	177	244	30	1,641	703

(B) SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease (1)	Requiring:	
		Treatment (2)	Observation (3)
4	Skin	1	4
5	Eyes (a) Vision ..	51	28
	(b) Squint ..	1	5
	(c) Other ..	—	3
6	Ears (a) Hearing ..	1	10
	(b) Otitis Media ..	—	1
	(c) Other ..	—	3
7	Nose or Throat ..	3	40
8	Speech	4	5
9	Lymphatic Glands ..	—	9
10	Heart	—	8
11	Lungs	—	8
12	Developmental:—		
	(a) Hernia ..	1	—
	(b) Other ..	2	6
13	Orthopaedic:—		
	(a) Posture ..	—	14
	(b) Feet ..	5	12
	(c) Other ..	4	12
14	Nervous system:—		
	(a) Epilepsy ..	—	1
	(b) Other ..	—	—
15	Psychological:—		
	(a) Development ..	—	26
	(b) Stability ..	—	9
16	Abdomen	1	3
17	Other (Dental) ..	13	5

TABLE IV

GROUP I.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of Cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	96	72
Errors of refraction (including squint)	1,937	1,492
Total ..	2,033	1,564
Number of pupils for whom spectacles were prescribed	1,568	867

GROUP II.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of Cases Treated	
	By the Authority	Otherwise
Received operative treatment:—		
(a) for diseases of the ear	—	74
(b) for adenoids and chronic tonsillitis ..	—	584
(c) for other nose and throat conditions ..	—	68
Received other forms of treatment	—	265
Total ..	—	991
Total number of pupils in schools who are known to have been provided with hearing aids: (a) in 1957	—	9
(b) in previous years	—	80

GROUP III.—ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patients departments ..	—	425

GROUP IV.—DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table II)

	Number of Defects treated or under treatment during the year by the Authority
Skin:—	
Ringworm: (i) Scalp ..	1
(ii) Body ..	2
Scabies	—
Impetigo	4
Other skin diseases	82
Total ..	89

GROUP V.—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ..	244
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GROUP VI.—SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority ..	327
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GROUP VII—OTHER TREATMENT GIVEN

	Number of Cases treated	
	By the Authority	Otherwise
(a) Miscellaneous Minor Ailments	368	—
(b) Pupils who received convalescent treatment under School Health Service arrangements	—	—
(c) Pupils who received B.C.G. Vaccination ..	3,152	—
(d) Other treatment given :—		
Appendicitis	—	73
Asthma	—	67
Bronchitis	—	36
Cardiac Conditions	—	49
Chorea	—	12
Diabetes	—	11
Encephalitis	—	1
Enuresis	—	13
Epilepsy	—	48
Hernia	—	27
Nephritis	—	11
Osteomyelitis	—	2
Petit Mal	—	6
Pneumonia	—	20
Poliomyelitis	—	2
Rheumatism		
Pneumatic Fever }	—	17
Tuberculosis (Respiratory, mesenteric adenitis, cervical glands, etc.)	—	131
Miscellaneous	—	461*
Total (a) — (d) ..	3,520	987

* 205 of this total were attendances at Chest Clinics for "check-up."

TABLE V.

(1) STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance)

Principal School Medical Officer : Thomas S. Hall, M.D., D.P.H.*Principal School Dental Officer* : Charles D. Clarke, L.D.S. (Dunelm).

		Number	Aggregate staff in terms of the equivalent number of whole-time officers
(a) (i) Medical Officers (Whole-time School Health and Local Health Services)		12	5.746
(ii) General Practitioners working part-time in the School Health Service		—	—
(b) Physiotherapists, Speech Therapists, etc.: Speech Therapists		2	2
(c) (i) School Nurses		70	17.58
(ii) Number of the above who hold a Health Visitor's Certificate ..		34	—
(d) Nursing Assistants		—	—
		Officers employed on a salary basis	
		Number	Aggregate staff in terms of the equivalent number of whole-time officers
(e) Dental Staff :			Officers employed on a sessional basis
(i) Principal School Dental Officer	1	0.853	—
(ii) Dental Officers	4	3.469	6
(iii)*Orthodontists (if not already included in (e)(i) or (e)(ii) above)			1.178
Total ..	5	4.322	6
		Number	Aggregate staff in terms of the equivalent number of whole-time officers
(iv) Dental Attendants		7	6.09
		3	0.63
(v) Other Staff (Dental Technician)		1	0.5

*The Regional Hospital Board make available the services of a Consultant Orthodontist and a Senior Hospital Dental Officer both of whom perform one half day session per week.

(2)—NUMBER OF SCHOOL CLINICS (i.e. *premises* at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics .. 24

N.B.—One Mobile Dental Clinic is provided by the Authority and has been in use throughout the year.

(3)—TYPE OF EXAMINATION AND/OR TREATMENT provided at the school clinics returned in Section (2) either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

Examination and/or Treatment (1)	Number of School Clinics (i.e. premises) where such treatment is provided:	
	directly by the Authority (2)	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
A. Minor ailment and other non-specialist examination or treatment	6	—
B. Dental	13	—
C. Ophthalmic	—	2
D. Ear, Nose and Throat	—	—
E. Orthopaedic	—	7
F. Paediatric	—	—
G. Speech Therapy	17	—
H. Others	—	—

Arrangements made with the Supplementary Ophthalmic Service have been returned in Column (2) and those made with the Hospital and Specialist Service in Column (3).

(4)—CHILD GUIDANCE CENTRES

(i) Number of Child Guidance Centres provided by the Authority .. 6

(ii) Staff of Centres :

	(a) Number	(b) Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists*	1	0.18
Educational Psychologists	2	2
Psychiatric Social Workers	1	0.95

*The Psychiatrist is directly employed by the Authority.

(iii) The services of a Regional Hospital Board Psychiatrist are made available by arrangement with the Board. This Psychiatrist holds 4 child psychiatric clinics per week, of which 2 are held at County Council Welfare Centres.

TABLE VI.—HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES

NOTES :

- (i) In Section A changes of special school and short breaks are ignored.
- (ii) In Section C (iii) are included all children being boarded under Regulations 17—24 of the School Health Service and Handicapped Pupils Regulations, 1953, other than those already shown under Section C (i) or C (ii).
- (iii) Section E includes pupils awaiting places in a Special School or Boarding Home, but who for the time being are attending ordinary schools or receiving home tuition under Section 56 of the Education Act, 1944.
- (iv) In all Sections children not belonging to the area of any Authority are included by the Authority which secures or seeks a place for the child.
- (v) Children suffering from multiple disabilities are classified under the major disability.
- (vi) Children in or awaiting places in Special Classes in ordinary schools are not included in this return.

	(1) Blind (2) Partially sighted (3) Deaf			(4) Partially Deaf (5) Delicate (6) Physically Handicapped			(7) Educationally subnormal (8) Maladjusted (9) Epileptic			TOTAL 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ending 31st December, 1957 :—										
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Boarding Homes ..	2	2	2	5	15	10	31	17	1	85
B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes ..	5	5	—	2	22	12	78	13	4	141

	(1) Blind (2) Partially sighted (3) Deaf			(4) Partially Deaf (5) Delicate (6) Physically Handicapped			(7) Educationally subnormal (8) Maladjusted (9) Epileptic			TOTAL 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about 31st January, 1958 :										
C. Number of Handicapped Pupils from the area :—										
(i) attending Special Schools as										
(a) Day Pupils	—	—	—	—	—	—	—	—	—	—
(b) Boarding Pupils	5	13	18	9	15	22	141	20	8	251
(ii) attending independent schools under arrangements made by the Authority	—	—	4	2	—	3	—	1	—	10
(iii) boarded in Homes and not already included under (i) or (ii) ..	—	—	—	—	—	—	—	—	—	—
TOTAL (C) ..	5	13	22	11	15	25	141	21	8	261
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :—										
(a) in hospitals	—	—	—	—	13	—	—	—	—	13
(b) elsewhere (at home)	—	—	—	—	1	36	1	—	1	39
E. Number of Handicapped Pupils from the area requiring places in special schools :—										
(i) Total										
(a) Day	—	—	—	—	—	—	—	—	—	—
(b) Boarding	5	3	—	2	39	7	223	—	2	283
(ii) Number of pupils included in the total above who had not reached the age of 5 years :—										
(a) Awaiting day places	—	—	—	—	—	—	—	—	—	—
(b) Awaiting boarding places	4	1	—	—	—	1	—	—	—	6
(iii) Number of pupils included in the total above who had reached the age of 5 years but whose parents had not consented to their admission to a special school :—										
(a) Awaiting day places	—	—	—	—	—	—	—	—	—	—
(b) Awaiting boarding places	—	2	—	1	11	—	107	—	2	123

Number of children reported during the year under Section 57 of the Education Act, 1944:—

(a) under Sub-section 3 (ineducable)	37
(b) under Sub-section 3 relying on Sub-section 4 (ineducable in association with other children) ..	—
(c) under Sub-section (5) (requiring supervision on leaving school)	47

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school in the financial year ended 31st March, 1958 .. £7,017.

(1) Name and Address of School	(2) State whether for Boys, Girls or both	(3) Number of pupils whose fees are being paid in whole or part by the L.E.A.	(4) Category of handicap of pupils in Column 3	(5) Age range of pupils in Column 3	(6) Annual rate of payment by L.E.A. per pupil
Wessington Court School for Deaf Children, Woolhope, Hereford	Both	6	4 Deaf 2 Partially Deaf	6—11	£350 per annum
Thomas Delarue School, National Spastics Society	Both	1	Physically Handicapped	17	£450 per annum
Thornbury Park School (Rudolf Steiner School) Gloucs.	Both	1	Physically Handicapped	7	£320 per annum
Stonehurst School, Shrewsbury (Day pupil).	Both	1	Physically Handicapped	12	£48 16s. 6d. per annum
Grove School, Wem (Day pupil).	Both	1	Maladjusted	8	£31 10s. 0d. per annum